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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br>FY 2009<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                     | Docket Number (Optional)<br>60009(49991)   |
| Application Number  | 10/516,418-Conf. #4955              | Filed May 13, 2005   |
| For DESTRUCTIBLE SURFACTANTS AND USES THEREOF   |                                     |  |
| Art Unit  | 1616                                | Examiner E. V. Arnold  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                     |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                     |  |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | Fee \$130                           | Small Entity Fee \$ 130.00   |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490                               | \$245  |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                              | \$555  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                              | \$865  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                              | \$1175   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                     |  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                     |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                     |  |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                     |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> .                 |                                     |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |                                     |  |
| I am the  | <input type="checkbox"/>            | applicant/inventor.  |
|   | <input type="checkbox"/>            | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
|   | <input type="checkbox"/>            | attorney or agent of record. Registration Number _____   |
|   | <input checked="" type="checkbox"/> | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____ 51,615                         |
| <u>/Nicholas J. DiCeglie, Jr./</u><br>Signature   |                                     | December 17, 2009  |
| <u>Nicholas J. DiCeglie, Jr.</u><br>Typed or printed name   |                                     | (212) 308-4411<br>Telephone Number   |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                     |  |
| <input type="checkbox"/> Total of   | 1                                   | forms are submitted.   |